M	ISS	OL	IRI	Dľ	VIS	ION OF HEA	ALTH — S	STAND	ARD	CERTI	FICATE C	OF DEAT	T H	,	-6	53-0	061	174
DEP	AR TM	EN	r of	PU	BLIC R	: HEALTH AND W egistration District No	ELFARE	37 Prin	narv Regi	stration Distri	et No. 30	23 Regist	rar's No	41	7	STATE F	LE NUMBI	R
DO NOT WRITE ON THIS STUB		AME	NDED		=	FILED	EB 1 9 1	963					DESIDENS	- 114/1		. 16 1- 35		
VS 300	9		1		1.	a. COUNTY	Hemey		_	<u>.</u>		a. STATE			deceased live COUNTY	a. Ir institu Hanry		admission)
Rev. 4/59	MENDED					b. CITY (If outside co OR TOWN	orporate limits, Clint	=	SHIP only		th of stay in 15.	c. CITY OR TOWN	۸ س	inton				nside Limits es No 🗆
6425	F AM		Į		-	c. FULL NAME OF (IF	NOT in hospit	tal, give locat	tion)	-	Inside Limits	d. STREE	et ESS		(If outside, s	ive location		side on Ferm
3425	2 3			╛	_	HOSPITAL OR INSTITUTION WE			me i		Yes 🌠 No 🗆	<u></u> _	703		ain St.			es No D
. 3	Г				3	(Type or print)	Jo	First Ann		Middle Engl		Last		4. DATE OF DEATH	Mor		Day	Year
4 1						. SEX	6. COLOR		7. M		lever Married [8. DATE O	F BIRTH	DEATH J	FBb. 9.	1963 IF UNDER		UNDER 24 HR
5 /						Female	White		_	lowed 🗋	Divorced [2/20/	1937	,	25_	11	19	lours Min.
6	اي					a. USUAL OCCUPATION during most of work	ing life, even i		10b. KI	ND OF BUSIN	ESS OR INDUSTR		•	-	or country)	12. CITIZI		AT COUNTRY
7 0	[⊵					Housekeeper a. Father's NAME		<u>.</u>	L	13b. MOTHE	R'S MAIDEN NAM	Montr	use,		. NAME OF			
	2101 10110		-				Keaigg				Dunlap	····		Ke	enneth			
8 2	& S					es, no, or unknown) (1				16. SOCIAL	SECURITY NO.	Mrs. P		Di Admi	70 nost Cl	Idry, 2		
SXIXE	<u>ا چ</u>			5	l - 1	18. CAUSE OF DEAT		ne cause per	line			U	<u>. D.</u>	DT MANIN	TOBO CI	inton,	MO. INTER	VAL BETWEEN
10	힏			ME		PARI I		TE CAUSE (a	5/	Medu	lary 1	Paral	ysi	<u>, </u>			15	hours
11 [ဗျင		ı	DOCUMENT					•	200	la liana	Oitel						-
12,1 - 1	꼬다			۵		which s	ons, if any, gave rise to cause (a),	DUE TO (E	b) <u>c</u>	//	escon	gean	<u> </u>				1	
13/-0	⋷ば		+	┥		stating lying	the under- cause last.	DÜE TO (<u> </u>	
	8	1 '			ĕ	PART I	I. OTHER SIG	NIFICANT C	ONDITIO	NS CONTRIE	UTING TO DEA	TH but not re	elated to	the termina	PART	iii. if dece	ased was pregnancy	in last 900days
	S				CATION	·	Pregn	uney	o ce	phalo	kelvie o		orte	ori		⊠ Yes	□ No	Unknow
	AMENDMENTS				CERTIF	19. WAS AUTOPSY PERFORMED? YES NO	20a. AØCIDE	NI STICID	Е НО	AICIDE V	Ob. DESCRIBE HO	DAY DULINI MECON	CCURRED.	(Enter natur	re of injury in	PART 1 or F	ART II of	item, 18.)
z	₩ W				DICAL	20c. TIME OF Hou INJURY a.m	١,	ay, Year		-								
BLACK INK OR RITER RIBBON					¥.	p.m 20d. INJURY OCCUR	RED	20e. PLACE	OF INJL	JRY (e.g., in	or about home,	20f. CITY, TO	OWN, OR	LOCATION		COUNTY		STATE
X 2		.				WHILE AT WOR NOT WHILE AT	WORK 🗆	tarm,	tactory, s	treet, office t	nag., a.c.,					- 0	<u> </u>	21.2
¥ S E	READ					21. I attended the d	eceased from	Sept.	77	1962	_, <u>10 It als</u>	-, -		last saw_b		<u>keb.</u>	' 	763
	9					Death occurred	at		7 14		/ft·_ m_on`t	he date stated		nd to the be	est of my kno	wledge, from		c. DATE SIGNE
USE BLACK OR TYPEWRITER	SHOULD			T OF		220. SIGNATURE	ر مدارد	Der اگست	gree or	1 1		22b. ADDRE	into	m.	Mo.		2	-11-63
i-	⊢		\vdash	AVIT	23	Be. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE	- 0 ~		C NAME OF	EMETERY OR C	REMATORY	2:	d. LOCATION	ON (City, tow	n, or count	1)	(State)
	Q			AFFIDA		Burial	Feb.	12, 1	963]	yontros	e Cemete	ATE RECD. BY			Be. MO	IGNATURE .		
	ITEM			BY A		i. funeral director /ansant Fun e				. Mo.	Fe		- 196	1 -	mild	rel	Big	geni

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0425 2

STATEMENT BY LICENSED EMBALMER

I her	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working und	ler my personal supervision.	
Student		Signed W. A. Vairsant
	Signature of Student Embalmer	
		Licensed Embalmer No. 3779
		P. O. Address Chiston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

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If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Control of the same of the same